



JEFFERSON LAB REGISTRATION

Complete all fields as applicable, obtain proper authorization signatures, and return to the JLab Registration/International Services Office, VARC, Building 28 Reception Desk or fax to 757-269-7003. All non U.S. citizens must submit valid passport/visa and immigration documents, and all U.S. citizens must submit valid driver's license with this form. Providing false statements in connection with this form may result in debarment from the Lab.

ALL APPLICANTS

Name: Last: (family) _____ **First: (given)** _____ **Middle:** _____

Date of Birth: _____ **Citizenship:** _____ **Country of Birth:** _____

SSN or Passport#: _____ **Visa Type:** _____ **Expiration Date: (Visa)** _____

(DS 2019/I-20) _____ **Visa Sponsor:** _____ (please submit a copy of Visa with this form)

Institution/Employer: _____

Address: _____

Phone _____ **Fax:** _____ **E-Mail:** _____

Staff/Joint Appt. **User / Bridge Appt.** **Student /Teacher (Education Program)** **Subcontractor/Contract Staff**

DOE

SURA

ARC Tenant

Visitor

Staff/Joint Appointment (grayed items not required for Subcontractors)

Assigned Org _____ Supervisor _____

User/Bridge Appointment

Primary Affiliation: Hall A Hall B Hall C Hall D Theory FEL Accelerator

Affiliated Research Experiment(s) : _____

Sponsor: _____ **Org:** _____

Start Date: _____ **End Date:** _____

Local Address: _____

Emergency Contacts: (2)

Name: _____ **Name:** _____

Relationship: _____ **Relationship:** _____

Address: _____ **Address:** _____

Phone: _____ **Phone:** _____

Do you have Medical Insurance? ____yes ____no If yes, Provider's name: _____

Does your health care insurance provide coverage while visiting JLab? ____yes ____no

If not, would you like to purchase health insurance through JLab? ____yes ____no

Gender: ____ Male ____ Female

Ethnic Code:*

____ A (Asian, includes Pakistani, Indian)
____ H (Hispanic)
____ N (American Indian/Alaskan Native)
____ B (Black, not of Hispanic origin)
____ W (White- includes Arab)

*Under its contract with the Dept. of Energy, Jefferson Lab must report annually on JLab-related contributions to the education and training of the future scientific and technical work force for the nation, with an emphasis on meaningful research experiences in the areas of physics and engineering. We must also take special note of our efforts at increasing the opportunities for under represented populations to pursue scientific and technical careers. The Lab's performance in these areas is carefully monitored by the Dept. of Energy. **FOR REPORTING PURPOSES ONLY.**

STUDENTS

Degree expected:

Date degree expected/received: _____

Bachelor's _____

Master's _____ JLab related? ____yes ____no

Doctoral _____ JLab related? ____yes ____no

JLab Contact Person: _____ Advisors:(1) _____

(2) _____

Ph.D Thesis topic or description of research/technical activities:

Local

Address: _____

STUDENT/TEACHER (Education Program)

Program: Summer Program Governor's School HUGS

School Name _____

School Address _____

School Phone Number _____

SUBCONTRACTORS

Subcontract No./Project Name: _____ Completion Date: _____

JLab Subcontract SOTR: _____ SOTR Org: _____

ARC

University or Company _____

ARC Room: _____ Office Phone No.: _____ Office E-Mail: _____

Supervisor: _____ Indicate if there is an end date: _____

DOE

Bldg/Room: _____ Office Phone No.: _____ Office E-Mail: _____

Supervisor: _____ Indicate if there is an end date: _____

SURA

Office Location: _____ Office Phone No.: _____ Office E-Mail: _____
Supervisor: _____ Indicate if there is an end date: _____

VISITORS

BADGE # _____ Start Date _____ End Date _____

Local
Address: _____

APPLICANT SIGNATURE

By signing below, I confirm all information is correct and that I have read and understand the enclosed Jefferson Lab Standards of Conduct.

Signature: _____ Date: _____

JLAB SPONSOR/SOTR SIGN-OFF: Name: (please print) _____

Signature: _____ Division: _____
JLAB Phone: _____ Room #: _____ Date: _____

State specific activities of APPLICANT while on-site: _____

Approved Access Areas for This Individual:	Day	Weekend/Evening	Other
Campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Accelerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Arc Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Specific Training Requirements for This Individual: _____

